Name in Full [illegible]

CERTIFICATE OF DEATH

MARYLAND

Died at [illegible] Town — County [illegible]

Date of death 190[illegible] — Month [illegible] — Day [illegible] — Years — Age 16 — Months — Days

Sex [illegible] — Color or Race [illegible] — Birthplace [illegible]

Occupation [illegible] — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name [illegible] — Father's Birthplace [illegible]

Mother's Maiden Name [illegible] — Mother's Birthplace [illegible]

Name of person giving Information [illegible] — How related to deceased [illegible]

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary [illegible] — How long [illegible]

Immediate [illegible] — How long [illegible]

Are the name, age, sex, color, date and place correctly given above? [illegible]

Signature of Physician [illegible]

Address [illegible]

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU Ad8818

Name in Full William H Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Huntingtown — County: Calvert

Date of death: Month: May — Day: 22 — 1904

Age: Years: 74 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Cal. Co.

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Widower — Name of Wife or ~~Husband~~: Sarah Cox

Father's Name: William I Brown — Father's Birthplace: Calvert Co

Mother's Maiden Name: Not Obtainable — Mother's Birthplace

Name of person giving Information: Julius Brown — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Prostatic Hypertrophy — How long: 4 yrs

Immediate: Exhaustion from Cystitis — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. W. Leitch

Address: Huntingtown, Md.

Accident or Suicide?

LIBRARY BUREAU A3U616

Name in Full: Mary Ann Buck

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Olivett; County: Calvert county

Date of death: Month: May; Day: 17; 1904

Age: Years: 43; Months: ; Days: -

Sex: Female

Color or Race: Colored

Birthplace: Calvert co

Occupation:

Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~

~~Name of Wife or~~ Husband: Matthias Sutton

Father's Name: Washington Buck

Father's Birthplace: Calvert co

Mother's Maiden Name: Cosnelia Brown

Mother's Birthplace: Calvert co

Name of person giving Information: Washington Buck

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 8 months

Immediate — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: Jas L. Tucker M.D. Olivett Md

Address: Cove Point Calvert co Md

~~Accident or Suicide?~~

LIBRARY BUREAU Aug816

Name in Full: Robert Cranford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Plum Pt County: Calvert

Date of death 1904	Month	Day	Years	Months	Days
	May	8	Age 60		

Sex: Male Color or Race: White Birthplace: Calvert Co

Married, ~~Single~~ or Widowed Occupation: Farmer

Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Debility How long: 2 Yrs

Immediate: Asthenia How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr J N King

Address: Barstow Md

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Tommie Hill

CERTIFICATE OF DEATH

MARYLAND

Died at Island Creek, County Calvert

Date of death 1904	Month	Day	Years	Months	Days
	May	11	Age 20		

Sex: Male | Color or Race: Colored | Birthplace: Baltimore

Occupation: Farming | Where Residing if not at place of death: Solomons Md

~~Married~~, Single or ~~Widowed~~ | Name of Wife or Husband:

Father's Name: Tom Hill | Father's Birthplace: Baltimore

Mother's Maiden Name: Sarah Hill | Mother's Birthplace: Baltimore

Name of person giving Information: L. P. Bennett | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: by John T Brooks | How long:

Immediate: Acute Tuberculosis | How long: 4 Mnths.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide? 8

LIBRARY BUREAU A88516

Name in Full: Leo P. Ramsby

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Market — County: Calvert

Date of death 1904: Month: May — Day: 20 — Years: Age 42 — Months — Days

Sex — Color or Race: Dark — Birthplace: Calvert

Occupation: Farmer — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Ramsby — Father's Birthplace: Calvert

Mother's Maiden Name: Annie Dorsey — Mother's Birthplace: Calvert

Name of person giving information: his mother — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Inflammation of Bowels — How long: 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Sarah J Soper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dillons | County: Calvert

Date of death: Month: 1904 May | Day: 9 | Years: Age 80 | Months | Days

Sex: Female | Color or Race: White | Birthplace: Cal. Co.

Occupation | Where Residing if not at place of death

Married, Single or Widowed: Widow | Name of Wife or Husband: James Soper

Father's Name: George R Crawford | Father's Birthplace: Cal. Co.

Mother's Maiden Name: Sallie Ryan | Mother's Birthplace: " "

Name of person giving Information: Owen Soper | How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Age | How long

Immediate: General Debility | How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Leitch

Address: Huntingtown

Accident or Suicide?

mk

LIBRARY BUREAU A64816